Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
Elite Healthcare Fort Worth

Respondent Name
Indemnity Insurance of North America

MFDR Tracking Number
M4-14-3471-01

Carrier's Austin Representative
Box Number 15

MFDR Date Received
July 21, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "I am resubmitting the claim for payment of the following reasons: THIS IS NOT A DUPLICATE CLAIM/SERVICE. All other office visits have been paid in full. Our office has no documentation regarding entitlement to benefits. This is an approved case. Office visits are recommended as determined to be medically necessary. Medical necessity for office visits in conjunction with work status form 73. I'm taking the next step to get the rest of these claims paid and sending all documentation I have to MDR. THESE ARE NOT DUPLICATES. All other claims have been paid at 100%. Therefore, these claims should be paid in full."

Amount in Dispute: $127.33

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The Division placed a copy of the Medical Fee Dispute Resolution request in the insurance carrier's Austin representative box, which was acknowledged received on July 30, 2014. Per 28 Texas Administrative Code §133.307(d)(1), "The response will be deemed timely if received by the division via mail service, personal delivery, or facsimile within 14 calendar days after the date the respondent received the copy of the requestor's dispute. If the division does not receive the response information within 14 calendar days of the dispute notification, then the division may base its decision on the available information." The insurance carrier did not submit any response for consideration in this dispute. Accordingly, this decision is based on the information available at the time of review.

Response Submitted by: NA

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 11, 2014	99213 & 99080-73	$127.33	$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the procedures for billing and reimbursing professional

medical bills.

3. 28 Texas Administrative Code §129.5 sets out the requirements regarding Work Status Reports.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:
   - 218 – Based on entitlement to benefits.
   - OA – The amount adjusted is due to bundling or unbundling of services.

Issues

1. Did the requestor support the level of service for CPT Code 99214 as required by 28 Texas Administrative Code §134.203?
2. Is the Work Status Report, billed under CPT Code 99080-73, file in accordance with 28 Texas Administrative Code §129.5?
3. Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Administrative Code §134.203(b)(1) states, in pertinent part, "for coding, billing reporting, and reimbursement of professional medical services, Texas Workers' Compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; … and other payment policies in effect on the date a service is provided…" Review of the submitted documentation finds that the requestor performed an office visit for the evaluation and management of an established patient.

   The American Medical Association (AMA) CPT code description for 99213 is:

   > Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: **An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity** [emphasis added]. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

   The 1997 Documentation Guidelines for Evaluation & Management Services is the applicable Medicare guideline to determine the documentation requirements for the service in dispute. Review of the documentation finds the following:

   - Documentation of the Expanded Problem Focused History:
     - "A *brief* [History of Present Illness (HPI)] consists of one to three elements of the HPI [or may include the status of1-2 chronic or inactive conditions]." Documentation found the status of one chronic condition listed, thus meeting the requirement for this element.
     - "A *problem pertinent* [Review of Systems (ROS)] inquires about the system directly related to the problem(s) identified in the HPI." Documentation found one system was reviewed (musculoskeletal, which was pertinent to the condition documented in HPI). This element was met.
     - A Past Family, and/or Social History (PFSH) is not required for this component.

     The Guidelines state, "To qualify for a given type of history all three elements in the table must be met." A review of the submitted documentation indicates that all elements were met for this component of CPT Code 99213.
   - Documentation of the Expanded Problem Focused Examination:
     - An "*expanded problem focused* [examination should include] a limited examination of the affected body area or organ system and any other symptomatic or related body area(s) or organ system(s)." A review of the submitted documentation finds that a limited examination was performed only for the affected body area (right foot). Therefore, this component of CPT Code 99213 was not met.
   - Documentation of Decision Making of Low Complexity:
     - *Number of diagnoses or treatment options* – Review of the submitted documentation finds that there were no new diagnoses presented, but that established diagnoses were stable, meeting the documentation requirements of minimal complexity.
     - *Amount and/or complexity of data to be reviewed* – Review of the documentation finds that the requestor ordered no new tests and reviewed no records from other sources. This meets the requirements for minimal complexity.
     - *Risk of complications and/or morbidity or mortality* – Review of the submitted documentation

finds that presenting problems include one stable, chronic injury, which presents a low level of risk. No diagnostic procedures were ordered. A wheelchair was ordered, which presents a low level of risk. "The highest level of risk in any one category…determines the overall risk." The documentation supports that this element met the criteria for low risk.

"To qualify for a given type of decision making, **two of the three elements … must be either met or exceeded**." A review of the submitted documentation supports that this component of CPT Code 99213 was not met.

Because only one component of CPT Code 99213 was met, the requestor failed to support the level of service required by 28 Texas Administrative Code §134.203.

2. 28 Texas Administrative Code §129.5 (d) states, "The doctor shall file the Work Status Report: (1) after the **initial examination** of the employee, regardless of the employee's work status; (2) when the employee **experiences a change in work status or a substantial change in activity restrictions**; and (3) on the **schedule requested by the insurance carrier (carrier), its agent, or the employer requesting the report through its carrier**, which shall not to exceed one report every two weeks and which shall be based upon the doctor's scheduled appointments with the employee" [emphasis added].

   Further, 28 Texas Administrative Code §129.5 (f) states, "In addition to the requirements under subsection (d), the treating doctor shall file the Work Status Report with the carrier, employer, and employee within seven days of the day of receipt of: (1) functional job descriptions from the employer listing available modified duty positions that the employer is able to offer the employee as provided by §129.6(a) of this title (relating to Bona Fide Offers of Employment); or (2) a required medical examination doctor's Work Status Report that indicates that the employee can return to work with or without restrictions."

   A review of the submitted documentation does not support that the accompanying examination was the initial examination, that there was a substantial change in the work restrictions, that the report was filed on a schedule requested by the insurance carrier, that the provider had received a modified duty job description, or that the provider received an RME Work Status Report indicating that the injured employee could return to work without restrictions. Therefore, the Work Status filed did not meet the requirements of 28 Texas Administrative Code §129.5 as listed above.

3. The requestor failed to meet the documentation requirements of CPT Code 99213, so no reimbursement is recommended for this service. The requestor did not file the Work Status Report in accordance with 28 Texas Administrative Code §129.5, so no reimbursement is recommended for this service.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is $0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	January 30, 2015 Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012**.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee***

Dispute Resolution Findings and Decision together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.